

Volunteer Application Form

**New  
Forest  
Disability**

**New Forest Disability Information Service**

6 Osborne Road

New Milton

Hampshire

BH25 6AD

Charity no: 1104589

Reg Company no: 05124781

**Application for the role of: Information Officer (Volunteer)**

role title:	<b>Information Officer</b>
organisation:	New Forest Disability Information Service
reference no:	
location:	New Milton    Hythe    other - state <i>Please circle location you are able to attend</i>

**Personal Details:**

surname:	Mr/Mrs/Miss/Ms
first name(s):	
home address:	
telephone no:	post code:
	date of birth ( <i>optional</i> ):

**Supporting Information:**

How did you hear about becoming a Volunteer with the NFDIS?

Why do you want to become a Volunteer with the NFDIS?

Please use the space below to give us details of your experience of being a Volunteer and knowledge or experience of disability

Do you have any skills or experience which you feel relevant? And are there any skills that you would like to develop during your work with the NFDIS?

**Disability:**

The New Forest Disability Information Service wishes to encourage and assist people with disabilities to obtain appropriate employment. The following three questions are asked purely for practical reasons and the NFDIS is committed to Equality of Opportunities.

Do you have a disability?

YES / NO

Do you have any medical condition that may affect your role or ability?  
If so, please give details.

Do you require any special equipment in order to carry out your role?  
If so, please give details.

Can you commit to one session per:	YES/NO
This would be 10 - 1pm or 1-5pm at Head Office, New Milton	YES/NO
which day(s) could you attend? .....	
or Wednesday 12-4pm at Hythe	YES/NO
Would you be interested in attending our Outreach Service	YES/NO
Would you cover an extra session for sickness or holiday?	YES/NO
Training Sessions are essential to the Service, will you attend?	YES/NO

**References:**

Please give details of 2 referees:

name:

address:

tel no:

profession:

name:

address:

tel no:

profession:

Because of the nature of the role for which you are applying, this role is exempt from the provision of Section 4(2) of the Rehabilitation of Offenders Act 1974.

Applicants are therefore not entitled to withhold information about convictions (which for other purposes are 'spent' under the provision of the Act). A criminal record will not necessarily bar you from working with the NFDIS .

Have you ever been convicted of a criminal offence? YES / NO

Have you any pending criminal charges? YES / NO

If YES to the above please give details including date.

Are you prepared to have a DBS disclosure?

YES/NO

**Declaration.**

I certify that, to the best of my belief, the information I have supplied is true and complete. I understand that any false information or failure to disclose health problems or criminal convictions or prosecution pending, may disqualify me from joining NFDIS or render me liable to summary dismissal.

Signed:

date:

For office use only:

date sent

Reference applied for: interview:

date returned:

references received: start date:

## Equality of Opportunity monitoring form

New  
Forest  
Disability

New Forest Disability Information Service is committed to the promotion of equality. The information on this form helps us to monitor our equal opportunities performance. It will be separated from your application form upon receipt. The short-listing panel will not see it. The information you provide will then be analysed, along with the information from all the other candidates.

**Post applied for:** .....**Date (month & year):**.....

1 Are you:                      Female <sup>1</sup> or Male <sup>2</sup> or Transgender <sup>3</sup>

*(Please tick one box)*

2 Are you:                      Single/divorced or widowed <sup>1</sup> or Married <sup>2</sup>  
or in a Civil Marriage <sup>3</sup> or Partnership <sup>4</sup>

*(Please tick one box)*

3 How would you describe your ethnic origin?

*(Please tick one box only - if more than one, tick 'combination')*

Asian <sup>1</sup> Caribbean <sup>2</sup> African <sup>3</sup> South East Asian <sup>4</sup>  
British/European <sup>5</sup> Irish <sup>6</sup> Other <sup>7</sup> Combination <sup>8</sup>

4. How you describe yourself? *(Please tick one box)*

Black <sup>1</sup> White <sup>2</sup> Other <sup>3</sup> Mixed <sup>4</sup>

5. Do you have a long-term illness, health problem or disability which limits your daily activities or work? Yes <sup>1</sup> No <sup>2</sup>

Many thanks for your co-operation.

Form EP/01